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PTO/SB/22 (07-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) NY-LUD 5253-US5-DIV
Application Number	08/819,669-Conf. #1995	Filed March 17, 1997
For	TUMOR REJECTION, ANTIGEN PRECURSORS, TUMOR REJECTION ANTIGEN S AND USES THEREOF	
Art Unit	1644	Examiner P. Gambel

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1,110.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. **01/14/2010 SSANDARA 00000003 08819669**

A check in the amount of the fee is enclosed. **01 FC:1253** **1110.00 OP**

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **50-0624**

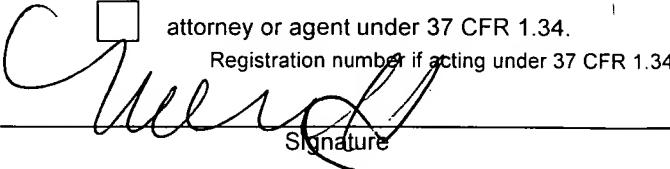
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number **30,946**

attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____


Signature _____

January 5, 2010

Date

Norman D. Hanson
Typed or printed name

(212) 318-3168
Telephone Number

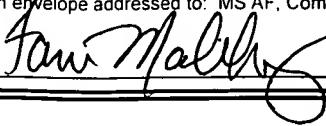
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **1** forms are submitted.

Three Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 5, 2010

Signature: 
(Fani Malikouzakis)